

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PRO-879)**

SERIAL NO.

09/629 080

FILING DATE

7-31-00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
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TOTAL NO.	10					
TOTAL DEF.	26					
TOTAL	36					

	NO.	DEF.	NO.	DEF.	NO.	DEF.
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TOTAL NO.						
TOTAL DEF.						
TOTAL						

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